



DIVERSITY PROGRAM CONSORTIUM
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Promoting Hispanic Health Via Community Health Workers and Motivational Interviewing

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Background

- Hispanic immigrant health disparities are among highest in nation in regards to heart disease, cancer, obesity, tobacco use
- Low income, minority, and immigrant patients face various barriers to healthcare such as low socioeconomic status, low education levels, and immigration status

Community Health Workers can increase access to healthcare by:

- communicating sensitive information
- advocating on participant behalf
- creating a partnership to help resolve any ambivalence

Healthy Fit

- A health promotion program that works with CHWs to reduce risk of chronic diseases, like cancer and cardiovascular disease, in El Paso, Texas.
- Provides free health resources and vouchers:
 - active living resources encouraging healthy eating and exercise
 - tobacco & alcohol misuse education
 - breast, cervical, and/or colon cancer screenings
 - vaccinations against HPV, flu, and pneumonia

Motivational Intervention (MI)

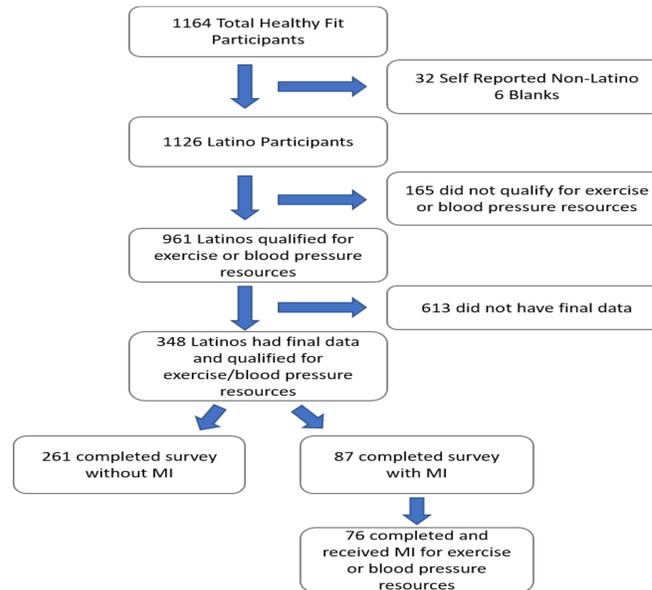
- A client centered interview technique intended to bring awareness to risky behaviors and increase the chances that the person will address any ambivalence and change their behavior.
- CHWs in Healthy Fit were trained to apply MI to address ambivalence towards making healthy behavioral changes, including utilization of the health resources provided to them.

Research Questions

Do Healthy Fit participants who received MI for healthy behavioral changes show greater weight loss and/or healthy behavioral changes (exercise, diet, and blood pressure) as compared to those who did not receive MI?

What are the most common responses to the benefits and barriers of making a healthy behavioral change towards improving weight and/or blood pressure measures?

Study Sample



Method

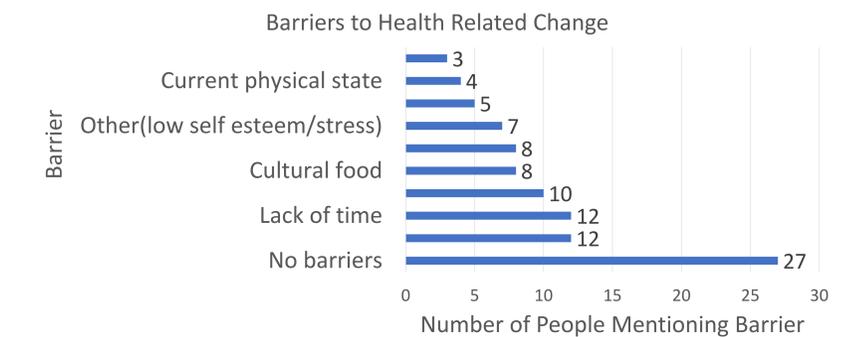
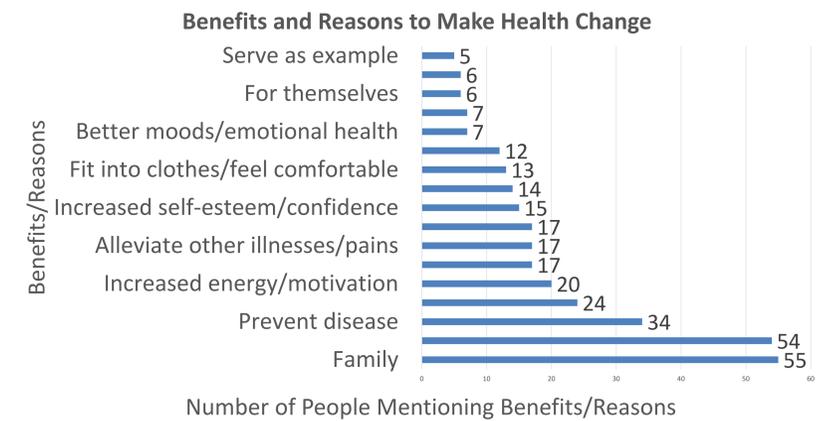
Quantitative	Qualitative
Created variable to distinguish between those who had received MI and didn't	Read and categorized each response from those who received MI for exercise/diet or blood pressure for motivation to change
Sorted data by MI received variable using SAS	Read and categorized each response from those who received MI for exercise/diet or blood pressure for barriers to change
Computed means of body measurements, behavior change, and intentions by T-tests	

Physical Body Change Variable	Variable Description
Weight	Body mass calculated in kg
Body Mass Index	Weight to height ratio used as an indicator of obesity and underweight
Body fat %	% of fat stored in body
Visceral Fat	Body fat stored within abdominal cavity and therefore stored around organs such as liver, pancreas, and intestines
Systolic Blood Pressure	Measures the pressure in blood vessels when heart beats
Diastolic Blood Pressure	Measures pressure in blood vessels when heart rests between beats

Results

Body Measurement	Means Without MI	Means With MI
Weight	81.4081	84.2776
Weight change	-0.1255	-1.1796*
Body Mass Index	31.5532	32.7179
Body Mass Index change	-0.0498	-0.4259*
Body fat %	42.8819	45.4107*
Body fat % change	-0.8463	-1.9687*
Visceral Fat	10.05	11.2895*
Visceral fat change	-0.0615	-0.4200
Systolic Blood Pressure	120.7	122.0
Systolic Blood Pressure Change	-2.9261	-1.4671
Diastolic Blood Pressure	80.2016	80.3218
Diastolic Blood Pressure Change	-1.9319	-0.2961

Results



Discussion

The small but significant differences in decreases in weight, BMI, and body fat percentage indicate that the interview with MI may be more effective in helping individuals address their high BMI than the interview without MI. The data also indicates that health and family are main motivations to making health changes although CHWs may need to probe more when asking about barriers

Acknowledgements

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*References available upon request